

Martinsburg Little League ASAP/Fundamentals Training

INTRODUCTION

- **First and Foremost THANK YOU FOR VOLUNTEERING!!**
- **Martinsburg Little League would not exist were it not for volunteers! We appreciate you volunteering your time so that we can offer the Little League Experience to so many youth in Martinsburg!**
- **Always keep in mind that Little League Baseball should be a fun experience for the kids!**
- **Please emphasize SPORTSMANSHIP, RESPECT FOR ONE ANOTHER AND THE GAME OF BASEBALL.**
- **We all want to win, but please do not put winning ahead of all of your players having a good and fun experience!**
- **Each Team has to have one coach at ASAP Training each year. Every Coach has to attend training every 3 years.**
- **ASAP – League Safety Plans are available to each coach on the MLL website. Please download this plan. A hard copy is always available in the concession stand and each Manager and Coach will receive a printed copy.**
- **First Aid Kits are located in Concession Stand and in Equipment Building / Tractor / Lawn mowers Building**
- **We strongly suggest each Manager keep a small First Aid Kit with your Team at all games and practices.**

INJURY INSTRUCTION

- **Each Manager should have a copy of the Manager Safety Letter included below. If you have an Injury this letter explains to you in detail what needs to be done.**



Martinsburg Little League Team Manager Safety Information

Dear Team Manager,

I have put this information together to try and make your job a little easier in the event one of your players has a reportable injury. What is a reportable injury? *Any incident that causes a player, manager, coach, umpire, or other volunteer to receive medical treatment and/or first aid. This includes passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest. These injuries must be reported to the League Safety Officer ASAP.*

If you have a reportable injury, as soon as possible after the injured player or person has been taken care of, fill out the Activities/Reporting Incident/Injury Tracking Report. Call me or Text me at **703-431-7775** to report the injury, also inform your VP. Leave a message if I do not answer. I need to know your name, division, team, injured players name, parent's name, type injury, if injured person was sent to seek professional treatment and a contact number for you and the parent. If the injured player seeks professional treatment, help the parent fill out the AIG insurance form. Both parents need to sign the AIG form if it is a two-parent household. If the parent is not available to fill the AIG form out, fill in as much information as you are able to and I will meet with the parent(s) to fill in any missing information. Keep both forms and I will arrange to get the forms from you as soon as possible. Our insurance covers the remaining balance after the injured player's primary insurance has paid minus a \$50.00 deductible. If you have any questions call me on my cell phone or e-mail me at thardison@natca.net, put LL INJURY in subject line.

If you see an unsafe condition, step in and make it safe. You are the first line of safety on the field. Inspect the field and equipment prior to play. If you see an unsafe condition that you are unable to fix, find a Board Member at the park, call my cell phone, text me or e-mail me. Additionally, if you, a player or a parent, have a suggestion to improve safety at Oatesdale Park please e-mail it to me. If e-mail is not available, put it in writing, call my cell phone and I will make arrangements to get the suggestion from you. Please do not leave suggestions on my voice mail.

Let's work together to make this season as safe as possible for the kids. Don't hesitate to call me if you have a question related to safety. For warm up drills, baseball drills, safety information, and much more register at www.littleleaguecoach.org click on register. The League Authentication number is 140600.

Please keep this letter with your medical release forms.

Thank you,

Tim Hardison
League Safety Officer
561 Lost Rd.
Martinsburg, WV 25403
(C) 703-431-7775
Safetyofficer@martinsburglittleleague.com Include "Little League" in subject line

For Local League Use Only

Activities/Reporting

**A Safety Awareness Program's
Incident/Injury Tracking Report**

League Name: _____ League ID: ____ - ____ - ____ Incident Date: _____
Field Name/Location: _____ Incident Time: _____
Injured Person's Name: _____ Date of Birth: _____
Address: _____ Age: _____ Sex: Male Female
City: _____ State _____ ZIP: _____ Home Phone: () _____
Parent's Name (If Player): _____ Work Phone: () _____
Parents' Address (If Different): _____ City _____

Incident occurred while participating in:

- A.) Baseball Softball Challenger TAD
B.) Challenger T-Ball Minor Major Intermediate (50/70)
 Junior Senior Big League
C.) Tryout Practice Game Tournament Special Event
 Travel to Travel from Other (Describe): _____

Position/Role of person(s) involved in incident:

- D.) Batter Baserunner Pitcher Catcher First Base Second
 Third Short Stop Left Field Center Field Right Field Dugout
 Umpire Coach/Manager Spectator Volunteer Other: _____

Type of injury: _____

Was first aid required? Yes No If yes, what: _____

Was professional medical treatment required? Yes No If yes, what: _____
(If yes, the player must present a non-restrictive medical release prior to being allowed in a game or practice.)

Type of incident and location:

- A.) On Primary Playing Field
 Base Path: Running *or* Sliding
 Hit by Ball: Pitched *or* Thrown *or* Batted
 Collision with: Player *or* Structure
 Grounds Defect
 Other: _____
- B.) Adjacent to Playing Field
 Seating Area
 Parking Area
- C.) Concession Area
 Volunteer Worker
 Customer/Bystander
- D.) Off Ball Field
 Travel:
 Car *or* Bike *or*
 Walking
 League Activity
 Other: _____

Please give a short description of incident: _____

Could this accident have been avoided? How: _____

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf.

Prepared By/Position: _____ Phone Number: () _____
Signature: _____ Date: _____



**LITTLE LEAGUE® BASEBALL AND SOFTBALL
ACCIDENT NOTIFICATION FORM
INSTRUCTIONS**

Send Completed Form To:
Little League® International
539 US Route 15 Hwy, PO Box 3485
Williamsport PA 17701-0485
Accident Claim Contact Numbers:
Phone: 570-327-1674

1. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. **Limited** deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.
6. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

League Name		League I.D.	
Name of Injured Person/Claimant	SSN	DATE OF BIRTH (MM/DD/YY)	Age Sex
Name of Parent/Guardian, if Claimant is a Minor		Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)
Address of Claimant		Address of Parent/Guardian, if different	

The Little League Master Accident Policy provides benefits in **excess** of benefits from other insurance programs subject to a \$50 deductible per injury. "Other insurance programs" include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.

Does the insured Person/Parent/Guardian have any insurance through:

Employer Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Individual Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Date of Accident	Time of Accident	Type of Injury
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

Describe exactly how accident happened, including playing position at the time of accident:

Check all applicable responses in **each** column:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S) (Submit a copy of your approval from Little League Incorporated)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	
	<input type="checkbox"/> INTERMEDIATE (50/70) (11-13)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	
	<input type="checkbox"/> BIG (14-18)			

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Date	Claimant/Parent/Guardian Signature (In a two parent household, both parents must sign this form.)
Date	Claimant/Parent/Guardian Signature

INJURY INSTRUCTION

What is a reportable injury?

- *Any incident that causes a player, manager, coach, umpire, or other volunteer to receive medical treatment and/or first aid. This includes passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest. These injuries must be reported to the League Safety Officer ASAP.*
- If you need to apply ice or pull the player from practice or a game, it is a reportable injury. If the player is not immediately going to the ER or to see a doctor, fill out the Activities Report as a minimum. This way we have a record of injury if at a later time the parents take the player to see a doctor
- If it's a minor scrape and you apply a band aid. No injury report necessary
- Error on the side of caution, having the report on file never hurts

General Safety / Injury

- Ensure you look at each Player's Medical Release Form and be aware of any special needs, i.e. Asthma, allergies etc. EpiPen, Bee Sting, Peanuts etc.
- Have a Team plan in event of emergencies. One coach go for Ice/ AED. One coach in charge of calling 911. Everyone know what your role is in the event of a serious injury.
- Injuries to Teeth: Save permanent tooth if knocked out. If possible clean and place tooth back in the gum. If not Put it in milk, water or wrap in wet paper towel and send with player. Tooth may be able to be saved if immediate action taken.
- Inspect playing field prior to taking the field for warm ups for practice or a game. Ensure there are no holes and that the bases are in proper working order. Report any safety issues on the Pre-Game inspection form. Give to your Division V.P. or to the Safety Officer.
- Inspect players equipment: bats, helmets and catchers gear. If screws are missing or there are cracks in helmets or bats, they must be removed from play.
- Catcher must have dangling throat protector and wear a cup
- Recommend that all players wear a cup!

Safety Emphasis Training

****Concussions****

- Regulation III(d) Note 3 has been amended to read, in part:
- Applies to: All Divisions

- **NOTE 3: If a medical professional, Umpire in Chief, the player's coach, the player's manager or the player's parent has determined a player sustains a possible concussion, the player must be, at a minimum, removed from the game and/or practice for the remainder of that day. The league must also be aware of its respective state/ provincial/municipal laws with regards to concussions and impose any additional requirements as necessary. His/her return to full participation is subject to:**
 - **1. The league's adherence to its respective state/provincial/municipal laws,**
 - **2. An evaluation and a written clearance from a physician or other accredited medical provider and**
 - **3. Written acknowledgement of the parents**
- **CDC web site, Concussion training course CDC Heads Up to Youth Sports**
 - **www.CDC.gov**

Concussion Signs Observed

- **Appears Dazed or Stunned**
- **Is Confused about assignment or position**
- **Forgets and instruction**
- **Is unsure of game score or opponent**
- **Moves clumsily**
- **Answers questions slowly**
- **Loses consciousness (even briefly)**
- **Shows mood, behavior, or personality changes**
- **Can't recall events prior to hit or fall**
- **Can't recall events after hit or fall**

Concussion symptoms reported by Player:

- **Headache "pressure in head"**
- **Nausea or vomiting**
- **Balance problems or dizziness**
- **Double or blurry vision**
- **Sensitivity to light**
- **Sensitivity to noise**
- **Feeling sluggish, haze, foggy or groggy**
- **Concentration or memory problems**
- **Confusion**
- **Just not "feeling right" or "feeling down"**

Heat Exhaustion

- **Early Recognition and Cooling**
- **Quick recognition of a heat-related illness is paramount to survival because the signs and symptoms are generally nonspecific:**
- **Disorientation**
- **Dizziness, weakness**
- **Unusual behavior**
- **Headache**
- **Vomiting**
- **Drink Plenty of Water**
- **Staying hydrated is one of the easiest ways to help prevent heat-related illness. Coaches and parents need to make sure unlimited amounts of water are available for athletes during practices and games, but it is also important for them to stress that athletes need to drink water before and after activity as well.**
- **“You want to drink before, during and after activity so you stay hydrated enough to maintain an adequate body temperature,” says Deu. “I always hear from athletes that they don’t want to have to go to the bathroom during practice or a game, so they don’t drink enough water.” But not doing so could have severe consequences and be life-threatening given the right conditions.”**

AED

- **AED is located inside of the concession stand**
- **Mounted on the wall in white case immediately to the left when entering the door**
- **You cannot harm anyone by using the AED**
-

Automatic External Defibrillator Response Protocol

Initial Protocol for Unresponsive Victim

- **Assess scene for safety; use universal precautions**
- **Assess victim for responsiveness**
- **If unresponsive, activate EMS and in-house emergency plan by phoning 9-1-1.**
- **Call for AED to be brought to the scene**
- **Open airway, Look, listen and feel for breathing**
- **If respiratory effort is absent, deliver 2 rescue breaths**
- **Perform CPR until AED arrives**

Begin AED Response

- **As soon as AED is available, turn on AED and follow prompts.**

- If needed:
 - Remove victim from pool of water. (AED may be used on snow or ice)
 - Wipe chest if wet from water or sweat.
 - Shave chest with disposable razor. (Discard razor according to company procedures.)
- Apply AED pads. (For victims 55lbs or 8 years of age, use pediatric pads if available*.) *Users of FRx with Pediatric Key, should have Infant and Pediatric CPR training.
- Make sure that AED pads are placed in proper location and make good contact with victim's chest. Do not place AED pads over the nipple, medication patches, or implantable medical devices. (Note-if victim has an implantable cardiac defibrillator (ICD) which is discharging as evidenced muscle contraction similar to when an AED discharges, wait 30-60 seconds for cycle to complete before attaching AED pads.) (One inch/2.5 cm separation between AED pad placement and implantable medical device is recommended.)
- If shock is recommended, shout "clear" and do not touch victim. Deliver shock as advised by AED. Resume CPR for 2 minutes, then allow AED to assess victim's rhythm. Repeat cycle as needed.
- Continue CPR and follow AED defibrillation prompts until otherwise directed by AED or EMS.
- Transfer responsibility for victim to EMS when directed or appropriate.

When EMS Arrives

- Responders should document and communicate important victim information if known to EMS such as; name, known medical problems, allergies and medical history, time found, initial and current condition, information from the Philips AED by pressing "Blue i" button, if available, number of shocks delivered, time of first shock.
- Assist as requested by EMS.

Post-Use Procedure

- Fill out Martinsburg L.L. AED Event Report Form.
- Give the data card or AED (whichever is applicable), AED Event Report Form, and all other documentation to AED Coordinator / League Safety Officer within 24 hours post-event.
- Check AED and replace any used supplies as soon as possible following the event so that AED may be returned to service. Perform a battery insertion test on AED after each use or in the event of a battery change to ensure proper AED operation prior to return to service. Clean AED if needed.

Continue to next page for CPR

CPR

FAQ: Hands-Only CPR



HANDS-ONLY CPR

Q: What is Hands-Only CPR?

Hands-Only CPR is CPR without rescue breaths. If you see a teen or adult collapse, you can perform Hands-Only CPR with just two easy steps:

- 1) Call 911 and
- 2) Push hard and fast in the center of the chest to the beat of the Bee Gees' classic disco song "Stayin' Alive." The song is 100 beats per minute – the minimum rate you should push on the chest during Hands-Only CPR.

Q: Why would you use Hands-Only CPR?

With 70 percent of all out-of-hospital cardiac arrests happening at home, if you're called on to perform Hands-Only CPR, you'll likely be trying to save the life of someone you know and love. Hands-Only CPR carried out by a bystander has been shown to be as effective as CPR with breaths in the first few minutes during an out-of-hospital sudden cardiac arrest for an adult victim (please read the Hands-Only CPR vs. CPR with Breaths section below to learn more.)

Q: Does learning Hands-Only CPR increase the chance of a bystander taking action in a cardiac emergency?

Yes. Most Americans (70 percent) feel helpless to act during a cardiac emergency because they don't know how to administer CPR or they're afraid of hurting the victim. According to the American Heart Association, people are more likely to remember the correct pace when trained to the beat of the disco classic "Stayin' Alive" or another familiar song with 100 to 120 beats per minute – the rate you should push on the chest during CPR.

Lightning Facts and Safety Procedures

- *Helpful information*
- The average lightning stroke is 6 – 8 miles long with up to 30 million volts at 100,000 amps flow in less that a tenth of a second. Lightning can strike up to 10 miles away from a storm
- The average thunderstorm is 6 – 10 miles wide and travels at a rate of 25 miles per hour.
- Once the leading edge of a thunderstorm approaches within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from within the storm's overhanging anvil cloud. As an example of the danger, 13 people were injured at RFK stadium by lightning during a concert. The conditions at RFK were sunny and

dry. The culprit was a storm that was in the local area. NEVER take storm passage for granted.

- On the average, thunder can only be heard over a distance of 3-4 miles, depending on humidity, terrain, and other factors. This means that by the time you hear the thunder, you are already in the risk area for lightning strikes.
- “Flash-Bang” Method
- One way of determining how close a recent lightning strike is to you is called the “flash-bang” method. With the flash-bang method, a person counts the number of seconds between the sight of a lightning strike and the sound of the thunder that follows. Stoppage of play and evacuation should occur when the count between the lightning flash and the sound of the thunder is 15 seconds or less.
- Rule of Thumb
- The ultimate truth about lightning is that, by its very nature, it’s unpredictable and can not be prevented. Accordingly, a manager, coach, or umpire who feels threatened by an approaching storm should stop play and get the kids to safety. Remember the flash-bang technique, as previously mentioned.

When in doubt, the following guidance should be applied:

- *WHEN YOU HEAR IT – CLEAR IT*
- *WHEN YOU SEE IT – FLEE IT*

Soberingly True Lighting Strike Report on Baseball Field:

- **Child Killed By Lightning Strike July 13, 2009 Spotsylvania, VA**

Tragedy hit a local baseball field Wednesday night when two boys were struck by lightning as they tried to get in a game of catch before thunderstorms rolled in. One was killed. The other is in grave condition.

The call to 911 came in at 6:25 p.m. Wednesday from the baseball field behind Lee Hill Elementary School in Spotsylvania County, Va.

According to investigators, a Little League game had been called off early because of the approaching storms, but the 11- and 12-year-old boys had gone back onto the field to play catch while their parents looked on. Shortly thereafter, witnesses said, lightning struck 12-

year-old Chelal Matos, a sixth grader at Chancellor Middle School, and transferred to the other boy.

As horrified spectators and teammates looked on, both boys fell to the ground and went into cardiac arrest. Two nurses who were at the field performed CPR until rescue workers arrived.

Chelal died on the field. The other boy was taken to Mary Washington Hospital and then flown to VCU Medical Center in Richmond. He was last listed in critical condition.

FUNDAMENTALS

Warm up:

- **Dynamic vs Static:** Studies show performing Static stretches before playing can actually reduce performance. Dynamic warm ups produce much better results with less injury.
- **Dynamic exercises are always best before playing and practice:**
 - Jogging first then move to sprints
 - Back peddling
 - Side to Side slide
 - Windmills
 - Circles
 - Rotating upper body
- **Static / Stretching is best after playing and practicing.**
- **Throwing and catching should be practiced with purpose.** Ball should be caught in front. When they are warming up, watch carefully and instruct proper throwing technique and proper catching technique. If they develop bad habits early on, it will be much harder to correct as they advance.
- **Start standing still or on one knee and advance to (standing still) stepping throwing and following through.**

Throwing and Pitching

- **Avoid over use injuries especially early in the season!**
- **Develop a throwing plan incorporate long toss**
- **Remember these kids haven't thrown a baseball since the fall**

- Be extra cautious with pitchers. Don't have them throwing bull pens and then fielding and throwing a ton of balls from Short Stop or Center Field
- Use extra buckets when hitting infield and outfield.
- Have them field the ball and toss it in a nearby bucket
- This allows a lot of infield out field practice without arm injuries from over use
- Make Practices fun while teaching proper techniques
- Make a throwing target. Bucket on a stand. Have the players line up and using proper throwing technique, try to knock the bucket off the stand. Start close and work farther way each practice or week.

****Make sure you are aware of any players playing on other travel teams. You must protect their arms and do not pitch them if they pitched for the other team and have not had proper rest!!****

I am including a resources page. Please go to these sites and utilize these resources. Mike Spry does his best to make himself available to Managers and Coaches who have questions on coaching fundamentals. So please feel free to ask him for assistance once we are back at the Park. Mike has played baseball at the professional level and was inducted into the Shepherd University Rams Baseball Hall of Fame in 2014, for the records he set at Shepherd between 2000-2003, i.e. Most home runs, most runs batted in and most bases. Mike knows a thing or two about hitting a baseball and offers private hitting instruction at his personal Batting Cage for a very reasonable rate.

Resources

- Mike Spry - Email Ripseed28@aol.com and Mike will get back to you as soon as he can.
- www.Littleleague.org click resources-Parents-Coaches
There are many tips and videos to assist you
- USA Baseball: Click on Sport Development-Online Education-Online education course catalog: <https://usabdevelops.com/Courses>
All courses are free! Start at the beginning and work your way through. Courses are taught by Pros! They have umpire courses also.

- **Virginia Baseball Club:**

Common hitting Flaws & Drills:

<https://www.youtube.com/watch?v=GS-PcxmaHmQ>

Common Pitching Flaws & Drills:

<https://www.youtube.com/watch?v=FkKVaeqF4N8>

- **Concussions: CDC Head's Up Program:**

<https://www.cdc.gov/headsup/youthsports/training/index.html>